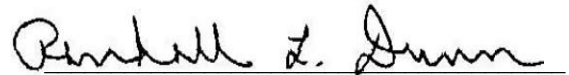


May 25, 2016

Clerk, U.S. Bankruptcy Court

IT IS ORDERED that the Application below is approved.



RANDALL L. DUNN  
U.S. Bankruptcy Judge

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF OREGON

) Case No: 16-30406-rld11

)  
) APPLICATION FOR SPECIAL  
) ADMISSION *PRO HAC VICE*,  
) **AND ORDER THEREON**

\_\_\_\_\_  
**WINGS AIRLINES SERVICES, INC.,**

Plaintiff(s)

v.

**SEAPORT AIRLINES, INC.,**

\_\_\_\_\_  
Defendant(s)

) Adv. Proc. No. (if applicable): 16-03061

The undersigned, attorney for the following named party(s): **WINGS AIRLINES SERVICES, INC.**  
\_\_\_\_\_, moves for admission of the following attorney *pro hac vice*:

(a) **APPLICANT ATTORNEY INFORMATION**

(1) **Personal Data:**

(A) Attorney's Name: **James Sheehan**

(B) Firm or Business Affiliation: **Simpson, Tillinghast, Sorensen & Sheehan, P.C.**

(C) Mailing Address: **One Sealaska Plaza, Ste. 300, Juneau, Alaska 99801**

(D) Business Telephone Number: **907-586-1400**

(E) Fax Telephone Number: **907-586-3065**

(F) E-Mail Address: **jsheehan@stsl.com**

(2) **Bar Admissions Information:** I certify that I am now a member in good standing of the following State and/or Federal Bar Association:

(A) State Bar Admissions, Standing, Admissions Date and BAR ID Number:

**Alaska, in good standing, admitted to practice in 2005, Bar ID No. 0506056**

(B) Federal Bar Admissions, Standing, Admissions Date and BAR ID Number:

(3) **Certification of Disciplinary Proceedings:**

☒ I certify that I am not now, nor have I ever been subject to any disciplinary action by any State or Federal bar association or administrative agency.

☐ I certify that I am now, or have been subject to disciplinary action from a State or Federal bar association or administrative agency (see attached letter of explanation).

(4) **Certification of Professional Liability Insurance:** I certify that I have a current professional liability insurance policy that will apply in this case, and that the policy will remain in effect during the course of these proceedings.

(b) **CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:** I certify that:

(1) I am a member in good standing of the Bar of this court, and that I will serve as designated local counsel in this particular case.

(2) I have verified the information supplied by the applicant in pt. (a)(2).

(3) **Local Counsel's Personal Data:**

(A) Name and Oregon State Bar ID Number: **Tim Miller, Oregon Bar ID No. 820910**

(B) Firm or Business Affiliation: **Miller & Associates**

(C) Mailing Address: **5005 SW Meadows Rd., Ste. 405, Lake Oswego, Oregon 97035**

(D) Business Telephone Number: **503-598-1966**

(E) Fax Telephone Number: **503-598-9593**

(F) E-Mail Address: **timmiller@millerandassociatesavn.com**

(4) **Meaningful Participation Requirements:** I certify that I have discussed the participation requirements of LR 83-3 with my associate counsel.

(c) **SIGNATURES OF COUNSEL**

/s/Tim Miller

Local Counsel

NAME: **Tim Miller**

ADDRESS: **5005 SW Meadows Rd., Ste. 405, Lake Oswego, Oregon 97035**

PHONE: **503-598-1966**

/s/James Sheehan

Special Admissions Applicant

NAME: **James Sheehan**

ADDRESS: **One Sealaska Plaza, Ste. 300, Juneau, Alaska 99801**

PHONE: **907-586-1400**